

Attachment A Illinois State License To Do Business



OFFICE OF THE SECRETARY OF STATE

JESSE WHITE • Secretary of State

0072934-5

06/03/2004

CHRISTOPHER D SCHUERING 506 VERMONT QUINCY, IL 62301-0000

RE NORDIC ENERGY SERVICES, LLC

DEAR SIR OR MADAM:

THE ANNUAL REPORT HAS BEEN PLACED ON FILE AND THE LIMITED LIABILITY COMPANY CREDITED WITH THE APPROPRIATE FEE.

APPLICATION FOR AMENDMENT HAS BEEN PLACED ON FILE, AND THE LIMITED LIABILITY COMPANY CREDITED WITH THE REQUIRED FILING FEE.

SINCERELY YOURS,

JESSE WHITE

SECRETARY OF STATE

DEPARTMENT OF BUSINESS SERVICES LIMITED LIABILITY COMPANY DIVISION TELEPHONE (217)524-8008

esee White

JW:LLC

Form LLC-5.25

December 2003

Jesse White
Secretary of State
Department of Business Services
Limited Liability Company Division
Room 351, Howlett Building
Springfield, IL 62756
http://www.cyberdriveilllnois.com

Payment may be made by business firm check payable to Secretary of State. (If check is returned for any reason this filling will be void.)

Illinois Limited Liability Company Act

Articles of Amendment

Filing Fee (see instructions).
SUBMET IN DOPLICATE
Must be typewritten

This space for use by Secretary of State

Date / 3/2004
Assigned File # 150.00
Filing Fee \$

Approved: = 0072.734-5

This space for use by Secretary of State

FILED

JUN 0 3 2004

JESSE WHITE SECRETARY OF STATE

2.	File number assigned by the Secretary of State: 00729345					
3.	These Articles of Amendment are effective on the file date or a later date being not to exceed 30 days after the file date.					
4.	The A	The Articles of Organization are amended as follows:				
		a) Admission of a new member (give name and address below)				
		b) Admission of a new manager (give name and address below)				
		c) Withdrawal of a member (give name below)				
		 d) Withdrawal of a manager (give name below) e) Change in the address of the office at which the records required by Section 1-40 of the Act are kept (give new 				
	<u>_x</u>					
		address, including county below)				
		below) (Address change of P.O. Box and clo are unacceptable)				
		g) Change in the limited liability company's name (list below)				
	X	 h) Change in date of dissolution or other events of dissolution enumerated in item 6 of the Articles of Organization i) Other (give information below) 				
		1) Other (give information below)				
	(e)	Office where records are kept:				
		512 W. Burlington Avenue				
		Suite 3A				
		LaGrange, IL 60525				
		Cook County				

(i)

Manager's Address: Deering, James C.

LaGrange, IL 60525

Suite 3A

512 W. Burlington Avenue

STATE OF CONTROL

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November 7, 2002 Sharon Critchelow

Form LLC-5.5

January 2000

Jesse White
Secretary of State
Department of Business Services
Limited Liability Company Division
Room 359, Howlett Building
Springfield, IL. 62756
http://www.sos.state.il.us

Payment must be made by certified check, cashier's check, illinois attorney's check, illinois C.P.A.'s check or money order, payable to "Secretary of State."

Illinois Limited Liability Company Act Articles of Organization

C0008845

This space for use by Secretary of State

Date 06/12/2002

Assigned File # 00729345

Filing Fee

\$400.00

Approved: PMM

This space for use by Secretary of State

FILE DATE 06/12/2002 JESSE WHITE

SECRETARY OF STATE

(The LLC name must contain the inc., itd., co., limited partnership		L.C. or LEC and cannot contain the term	s corporation, corp., Incorporated,			
If transacting business under an assumed name, complete and attach Form LLC-1.20.						
The address of its principal place of business: (Post office box alone and c/o are unacceptable.)						
	Chicago, 1					
The Articles of Organization are effective on: (Check one)						
a) <u>X</u> the filing dat		date later than but not more the ng date:(month, day, year)	an 60 days subsequent			
The registered agent's name and registered office address is:						
Registered agent:	Christopher D. Sch	nuering Middle Initial	Last Name			
	506 Vermont	Street	Seilin #			
(P.O. Box and	Number Quincy, IL 62301	Street ZIP Code	Suite # Adams County			
(P.O. Box and c/o are unacceptable) Purpose or purposes t	Number Quincy, IL 62301 City for which the LLC is organized.	ZIP Code anized: Include the business	Adams County			
(If not sufficient space to cover to "The transaction of any	Number Quincy, IL 62301 City for which the LLC is orgaths point, add one or more sheets	ZIP Code anized: Include the business	Adams County code # (IRS Form 1065).			
(P.O. Box and clo are unacceptable) Purpose or purposes to cover to the transaction of any	Number Quincy, IL 62301 City for which the LLC is orgaths point, add one or more sheets	ZIP Code anized: Include the business of this size.)	Adams County code # (IRS Form 1065).			
(P.O. Box and color are unacceptable) Purpose or purposes to cover to the transaction of any	Number Quincy, IL 62301 City for which the LLC is orgathis point, add one or more sheets y or all lawful business for	ZIP Code anized: Include the business of this size.)	Adams County code # (IRS Form 1065).			
(P.O. Box and clo are unacceptable) Purpose or purposes to cover to the cover to t	Number Quincy, IL 62301 City for which the LLC is orgathis point, add one or more sheets y or all lawful business for	ZIP Code anized: Include the business of this size.)	Adams County code # (IRS Form 1065).			

	Other provisions for the regulation of the interne	ATTENDANCE OF THE PARTY OF THE		•
	If yes, state the provisions(s) from the ILLCA.	Yes	<u>k</u> ∑j No	
	a) Management is by manager(s): if yes, list names and business addresses.	Yes	□ No	
	ir yes, list names and business eddireases.	James C. 125 S. Wa Chicago,		.44
•	b) Management is vested in the member(s): If yes, list names and addresses.	Yes	<u> </u>	
	I affirm, under penalties of perjury, having auth of my knowledge and belief, true, correct and o	ority to sign he complete.	reto, that these artic	les of organization are to the bes
	of my knowledge and belief, true, correct and control DatedApril 30	,2002	reto, that these artic	les of organization are to the bes
	of my knowledge and belief, true, correct and o	complete.	reto, that these artic	les of organization are to the bes
	of my knowledge and belief, true, correct and control DatedApril 30	,2002		les of organization are to the bes
	DatedApril 30 (Month/Day) Signature(s) and Name(s) of Organizer(s)	,2002	Busine 125 S.:Wacker	ess Address(es)
	DatedApril 30 (Month/Day) Signature(s) and Name(s) of Organizer(s)	,2002	Busine	ess Address(es)
	DatedApril 30 (Month/Day) Signature(s) and Name(s) of Organizer(s)	,2002	Busine 125 S. Wacker Number Chicago	ess Address(es)
	DatedApril 30 (Month/Day) Signature(s) and Name(s) of Organizer(s) James C. Deering,	,2002	Busine 125 S.:Wacker Number	ess Address(es)
	DatedApril 30 (Month/Day) Signature(s) and Name(s) of Organizer(s) James C. Deering, (Type or print name and title)	,2002	Busine 125 S. Wacker Number Chicago IL 60606	ess Address(es) Street CRylTown
	Dated April 30 (Month/Day) Signature(s) and Name(s) of Organizer(s) James C. Deering, (Type or print name and title) (Name if a corporation or other entity) Signature	(Year)	Busine 125 S. Wacker Number Chicago IL 60606 State	Street City/Town ZIP Code
	Dated April 30 (Month/Day) Signature(s) and Name(s) of Organizer(s) James C. Deering, (Type or print name and title) Signature (Type or print name and title)	(Year)	Busine 125 S. Wacker Number Chicago IL 60606 State	Street City/Town ZIP Code
	DatedApril 30(Month/Day) Signature(s) and Name(s) of Organizer(s) James C. Deering, (Type or print name and title) (Name if a corporation or other entity) Signature (Type or print name and title) (Name if a corporation or other entity)	(Year)	Busine 125 S.: Wacker Number Chicago IL 60606 State Number	Street City/Town ZIP Code Street City/Town
	DatedApril 30(Month/Day) Signature(s) and Name(s) of Organizer(s) Signature James C. Deering, (Type or print name and title) (Name if a corporation or other entity) Signature (Type or print name and title) (Name if a corporation or other entity) Signature	2002 (Year)	Busine 125 S. Wacker Number Chicago IL 60606 State Number	Street City/Town ZIP Code Street ZIP Code
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(Signatures must be in ink on an original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.)

LLC-4.5

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5.	This amendment was adopted by the managers. S. 5-25(3) a) Not less than minimum number of managers so approved. b) Member action was not required.	☐Yes ☐No ☐Yes ☐No				
6.	This amendment was adopted by the members. S. 5-25(4) Not less than minimum number of members so approved.	XYes No				
7.	I affirm, under penalties of perjury, having authority to sign hereto, that this articles of amendment is to the best of my knowledge and belief, true, correct and complete.					
	Dated May 18 , 2,004 (Month & Day) (Year)	James C. Deering, Member (Type or print Name and Title)				
		applicant is a company or other entity, state name of company and indicate whether it is a member or manager of the LLC.)				

INSTRUCTIONS: * If the <u>only</u> change reported is a change in the registered agent and/or registered office, the filing fee is \$35.

If other changes are reported, the filing fee is \$150.